



State of New Hampshire

2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/15/2014

Business ID: 569711

William M. Gardner

Secretary of State

TACK SHACK, LLC

154 MARTIN ROAD
FREMONT, NH 03044

ADDRESS OF PRINCIPAL OFFICE:

154 MARTIN ROAD
FREMONT, NH 03044

REGISTERED AGENT AND OFFICE:

DELEAULT, ROBERT R, ESQ
41 BROOK STREET
MANCHESTER, NH 03104

ENTITY TYPE: LLC

BUSINESS ID: 569711

STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE EQUINE PRODUCTS AND SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Brenda P Barthelemy**
STREET **154 Martin Road**
CITY/STATE/ZIP **Fremont Nh 03044**
MEMB. **Scott A Barthelemy**
STREET **154 Martin Road**
CITY/STATE/ZIP **Fremont Nh 03044**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Brenda P Barthelemy**

Please print name and title of signer: **Brenda P Barthelemy** / **MEMBER**
NAME TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL): _____



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301